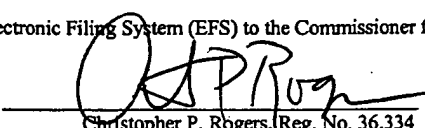


I hereby certify that this correspondence is being transmitted via the Patent Electronic Filing System (EFS) to the Commissioner for Patents on the date set forth below.

Date of Signature and Transmission: May 8, 2008

  
Christopher P. Rogers, Reg. No. 36,334

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Curley, Jr. et al.

Date: May 8, 2008

Serial No.: 10/719,429

Examiner: O'Sullivan, Peter G.

Filing Date: November 21, 2003

Art Unit: 1621

Title: SOLID PHASE SYNTHESIS OF  
ARYLRETINAMIDES

Attorney Docket No.: 960296.00482  
(formerly 22727/04199)

Confirmation No.: 3412

REQUEST FOR REFUND

Mail Stop Refunds  
Commissioner For Patents  
P O Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

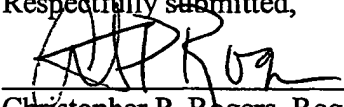
The applicants in the above-identified patent application hereby request a refund of a portion of the extension fee charged to our account number 17-0055 on May 8, 2008. Applicants requested and paid for an extension of time for 5 months (\$1115.00) for replying to a Final Office Action. However, an extension of time for 3 months (\$525.00) was required. The difference of \$590.00 is requested to be refunded.

Applicants hereby request a refund of \$590.00 be credited to Deposit Account No. 17-0055.

Respectfully submitted,

Adjustment date: 07/11/2008 CKHLOK  
05/09/2008 INTERSW 00000297 170055 10719429  
02 FC:2255 1115.00 CR

TEL 608/251-5000  
FAX 608/251-9166

  
Christopher P. Rogers, Reg. No.: 36,334  
Attorney for Applicants  
QUARLES & BRADY LLP  
P.O. Box 2113  
Madison, WI 53701

Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 960296.00482																									
Application Number    10/719,429		Filed 11/21/2003																									
For        Solid Phase Syntheses of Arylretinamides																											
Art Unit    1621		Examiner Peter G. O'Sullivan																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$460</td> <td style="text-align: center;">\$230</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1050</td> <td style="text-align: center;">\$525</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1640</td> <td style="text-align: center;">\$820</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2230</td> <td style="text-align: center;">\$1115</td> <td style="text-align: center;">\$ 1115</td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>17-0055</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the    <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 100px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p style="margin-left: 100px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>36334</u></p> <p style="margin-left: 100px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">_____ Signature</p> <p style="text-align: center;">Christopher P. Rogers _____ Typed or printed name</p> </div> <div style="width: 45%; text-align: right;"> <p style="font-size: 1.2em; margin-bottom: 5px;">518/2008</p> <p style="text-align: center;">_____ Date</p> <p style="text-align: center;">608/251-5000 _____ Telephone Number</p> </div> </div> <p style="margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>					<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ _____	<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ 1115
	<u>Fee</u>	<u>Small Entity Fee</u>																									
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<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ 1115																								

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Doc. No. 6198802

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>7-10-08</u>		2 Serial/Patent # <u>10/7/9429</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/>	Filing		\$
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$ <u>1115</u>
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND \$ <u>1115</u>	
		8 TO BE REFUNDED BY:	
10 REASON:		Treasury Check	
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment	6 <u>117--1055</u>	
<input type="checkbox"/>	No Fee Due (Explanation):		
<u>Extension Fee not necessary when filing a</u> <u>Petition to Re-vive under 37 CFR 1.137(b).</u>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Karen Creasy</u>		TITLE: <u>Petitions Examiner</u>	
SIGNATURE: <u>/Karen Creasy/</u>		PHONE: <u>2-3208</u>	
OFFICE: <u>Petitions</u>			
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Refund Branch  
Crystal Park One, Room 802B